

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	1	1				51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9	1					59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
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29						79
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31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	2					TOTAL IND.
TOTAL DEP.	19					TOTAL DEP.
TOTAL CLAIMS	21					TOTAL CLAIMS